MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.	FILING DATE
	APPLICANT(S) **09/857465**	

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/			
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TOTAL IND.	/		/			
TOTAL DEP.	13		13			
TOTAL CLAIMS	14		14			

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS